

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP)

Marketing Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address			City	State
			Zip	Work Phone ()
E-mail Address			Home Phone ()	
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP				

Check only one	<input type="checkbox"/> I am requesting the Marketing endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$35.00 is enclosed. OR <input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Marketing endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$30.00, paid by my School District , is enclosed.
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Marketing Endorsement(s) For Which You Are Applying:	
<input type="checkbox"/> Marketing (Career and Technical)	<input type="checkbox"/> Entrepreneurship (Career and Technical – Marketing)
<input type="checkbox"/> Economics (Career and Technical – Marketing)	<input type="checkbox"/> Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – (***Exclude teaching experience***)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in Marketing related occupations		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.
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Education							
If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.							
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	M	Yr	M	Yr			

Teaching Experience							
If additional space is required, please attach a separate sheet of paper.							
Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

Current Endorsements		

References (Teaching and/or Employment)			
Name	Address	Position	Phone

Signature of Applicant	Date
X	

Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752
\$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (*see information on front page)

----- -Information below to be completed by USOE personnel- -----

Endorsement(s) Recommended		SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits _____ course credits _____ total credits
		CTE Specialist Signature _____ Date _____
		Endorsement(s) Awarded
		CTE Specialist Signature _____ Date _____